Appendix: XII

Patient Evaluation of Self-Administration of Medications

Patient name:		Date of evalua	ation: Program:	Program:			
Initial evaluation: No, Date of last evaluation/ Explain: Instructions for Rating Scale: For each medication a Patient should score a 6. Items listed in red: Dose, Untoward Affect and Administration may pose danger to Patient and should be addressed immediately. Action taken should be documented.							
1	Medication Name:	Time:	Purpose:	Observations & Comments:			
	□ Correctly named/identified □ Not Correctly named/identified	(1)	☐ Understands purpose (1)☐ Does not understands purpose (0)☐				
	Dose: ☐ Knows correct dose (1) ☐ Does not know correct dose (0)	Untoward Affect ☐ Can state (1) ☐ Cannot state (0) procedu	Administration: Demonstrates correct procedure (1) Does not demonstrates correct ire (0)	Rate:			
2	Medication Name:	Time:	Purpose:	Observations & Comments:			
	☐ Correctly named/identified☐ Not Correctly named/identified	(1) Correct (0) Not Correct	☐ Understands purpose (1)☐ Does not understands purpose (0)				
	Dose: ☐ Knows correct dose (1) ☐ Does not know correct dose (0)	Untoward Affect ☐ Can state (1) ☐ Cannot state (0) procedu	Administration: □Demonstrates correct procedure (1) □Does not demonstrates correct ire (0)	Rate:			
3	Medication Name:	Time:	Purpose:	Observations & Comments:			
	☐ Correctly named/identified☐ Not Correctly named/identified	(1) Correct (0) Not Correct	☐ Understands purpose (1)☐ Does not understands purpose (0)				
	Dose: ☐ Knows correct dose (1) ☐ Does not know correct dose (0)	Untoward Affect ☐ Can state (1) ☐ Cannot state (0) procedu	Administration: Demonstrates correct procedure (1) Does not demonstrates correct procedure (0)	Rate:			
4	Medication Name:	Time:	Purpose:	Observations & Comments:			
	□ Correctly named/identified □ Not Correctly named/identified	(1) Correct (0) Not Correct	☐ Understands purpose (1)☐ Does not understands purpose (0)☐				
	Dose: ☐ Knows correct dose (1) ☐ Does not know correct dose (0)	Untoward Affect ☐ Can state (1) ☐ Cannot state (0) procedu	Administration: Demonstrates correct procedure (1) Does not demonstrates correct are (0)	Rate:			
5	Medication Name: ☐ Correctly named/identified ☐ Not Correctly named/identified	Time: (1) □ Correct (0) □ Not Correct	Purpose: Understands purpose (1) Does not understands purpose (0)	Observations & Comments:			

	Dose: ☐ Knows correct dose (1) ☐ Does not know correct dose (0)	Untoward Affect ☐ Can state (1) ☐ Cannot state (0)	Administration: □Demonstrates correct procedure (1) □Does not demonstrates correct				
		procedu	re (0)	Rate:			
6	Medication Name:		Purpose:	Observations & Comments:			
	□ Correctly named/identified□ Not Correctly named/identified	(1) ☐ Correct (0) ☐ Not Correct	☐ Understands purpose (1)☐ Does not understands purpose (0)				
	Dose: ☐ Knows correct dose (1) ☐ Does not know correct dose (0)	Untoward Affect ☐ Can state (1) ☐ Cannot state (0) procedu	Administration: Demonstrates correct procedure (1) Does not demonstrates correct re (0)	Rate:			
7	Medication Name:	Time:	Purpose:	Observations & Comments:			
	□ Not Correctly named/identified	(0) Not Correct	☐ Does not understands purpose (0)				
	Dose:	Untoward Affect	Administration:				
	☐ Knows correct dose (1) ☐ Does not know correct dose (0)	☐ Can state (1) ☐ Cannot state (0)	Demonstrates correct procedure (1) Does not demonstrates correct	Rate:			
		procedu	re (0)	- Taloi			
8	Medication Name:		Purpose:	Observations & Comments:			
	□ Correctly named/identified□ Not Correctly named/identified	(1) ☐ Correct (0) ☐ Not Correct	☐ Understands purpose (1)☐ Does not understands purpose (0)				
	Dose: ☐ Knows correct dose (1)	Untoward Affect ☐ Can state (1)	Administration: □Demonstrates correct procedure (1)				
	☐ Does not know correct dose (0)	☐ Cannot state (0) procedu	□Does not demonstrates correct re (0)	Rate:			
9	Medication Name:	Time:	Purpose:	Observations & Comments:			
	□ Correctly named/identified□ Not Correctly named/identified	(1) Correct (0) Not Correct	☐ Understands purpose (1)☐ Does not understands purpose (0)				
	Dose: ☐ Knows correct dose (1)	Untoward Affect ☐ Can state (1)	Administration: □Demonstrates correct procedure (1)				
	☐ Does not know correct dose (0)	☐ Cannot state (0) procedu	□Does not demonstrates correct re (0)	Rate:			
I,, have been educated on the medications prescribed to me by the MD overseeing my treatment. Print Patient Name My signature below indicates I understand my medication's name, time to be taken, purpose of taking, correct dosage, possible side effects and correct procedure for administering the medication. I have had an opportunity to ask questions and voice any concerns about my medication and how I self-administer it.							
	Patient Signature			Date			
Signature of Witness (Staff Name and Title)				Date			